

UNITED STATES POSTAL SERVICE
TX 773
03 MAR '15

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

RECEIVED
15 MAR - 9 AM 11:00
SUPERFUND DIV.
DIRECTOR'S OFFICE

• Sender: Please print your name, address, and ZIP+4 in this box •

Robert Werner
Environmental Protection Agency, Region 6
Superfund Division, 6SF-TE
1445 Ross Avenue
Dallas, Texas 75202

2273999

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>CT Corporation System, Registered Agent for T-3 Energy Services, LLC 1999 Bryan St., Ste. 900 Dallas, Texas 75201-3136</p>		<p>B. Received by (Printed Name) Chris Wells</p> <p>C. Date of Delivery MAR 02 2015</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7014 0150 0000 2452 8203</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

